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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Tajikistan

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested for the country programme of Tajikistan. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme. The Executive Director *recommends* that the Executive Board approve funding from other resources in the amount of $1,233,000, subject to the availability of specific-purpose contributions, for 2004.

* E/ICEF/2003/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2002. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2003 (E/ICEF/2003/P/L.20).

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The situation of children and women

1. Tajikistan is one of the world's poorest countries, with an estimated gross national income per capita of $170. Poverty is the central development issue in this food deficient, landlocked country, with over 80 per cent of the population living below poverty line.

2. Protection of the survival rights of children is a major concern. A multiple indicator cluster survey in 2000 showed an infant mortality rate of 89 per 1,000 live births and an under-five mortality rate of 126 per 1,000 live births. Major causes of infant and child deaths are infectious diseases and respiratory infections which, linked to inadequate prenatal and antenatal care, contribute to low birth weight. Malnutrition and the high prevalence of micronutrient deficiency are major concerns. Birth registration has declined to only 45 per cent of children under six months of age.

3. Forty-three per cent of the population lack access to safe water. The high incidence of water-borne diseases contributes to high infant mortality and malnutrition. While 99 per cent of the rural population have access to pit latrines, unhygienic practices expose family members, particularly children, to worm infestation and other diseases.

4. Dropouts and non-attendance at schools are increasing, particularly in the secondary grades. Girls are at greater risk than boys of not completing their education. Family poverty means that parents cannot afford an adequate supply of textbooks, learning materials or even clothing to send their children to school. This is especially evident in rural areas, where poverty is greater and family size larger. Public expenditure on education has decreased, with low wages for teachers and seriously dilapidated school conditions. The curriculum is outdated and teachers' skills are not upgraded.

5. Institutionalization continues to be the main response of the State to children in need of protection measures. Living conditions in state institutions are harsh owing to limited budgets and outmoded childcare philosophies. The parents of more than 85 per cent of children in institutions are living, but many poor families are unable to afford to raise their children at home.

6. Many children with disabilities are kept at home, without access to education and appropriate rehabilitation care. In addition, children and women increasingly are being exposed to violence, abuse and exploitation as a result of increased stress on families, the breakdown of the social safety nets, and the persistence of social and traditional norms that perpetuate gender inequalities.

7. There were only 75 officially reported cases of HIV infection at the end of 2002, but the real number may be much higher. More than one half of the registered cases involve persons younger than 29 years old. The primary source of known causes of HIV is from the sharing of needles among intravenous drug users. Official statistics suggest that there are over 14,000 drug users, 85 per cent of whom inject and are between 16 to 35 years old. Little testing is available, and no reliable surveillance system has been developed for HIV. Syphilis and gonorrhoea are prevalent among youth 18 to 24 years old, with reports of children under 14 years old also suffering from sexually transmitted infections (STIs). The 2001 "Young Voices" opinion poll revealed that 68 per cent of the young people surveyed said that they had no information about HIV/AIDS, 57 per cent knew nothing about drug

abuse prevention and 52 per cent said that they had no information about safe sexual relationships.

Programme cooperation, 2000-2004

8. Tajikistan is part of the Central Asian republics (also including Kyrgyzstan, Turkmenistan and Uzbekistan) and Kazakhstan, for which a single country programme recommendation was approved by the Executive Board in 1999 for the period 2000-2004 (E/ICEF/1999/P/L.15/Add.1).

9. The country programme of cooperation aims at supporting national policy and its implementation to protect the rights of children. It is based on a life cycle approach and consists of three components: mother and child survival, development and protection; child enrichment; and young people's well-being. The major objectives of the programme are to reduce mortality and morbidity among children and women; to ensure access to quality education; to facilitate the active participation of young people in civil society development; and to support the social protection reform process for establishing family- and community-based care for children in need of protection measures.

10. The mother and child survival, development and protection programme has focused on increasing access to and improving the quality of primary health care and maternal health services through support to service delivery and professional capacity-building. The national immunization programme has been supported largely by UNICEF through the provision of routine vaccines and cold-chain equipment, the training of vaccinators in safe immunization practices and cold-chain management. The ongoing Integrated Management of Childhood Illness (IMCI) project has been implemented in pilot districts as a part of health reform. Universal salt iodization and flour fortification with iron for the prevention of iodine deficiency disorders and anaemia have been supported through the provision of potassium iodide and fortification equipment, with enhanced communication campaigns and upgrading the management capacity of salt producers.

11. The child enrichment programme has undertaken a two-pronged approach of national policy development support and community-based activities of child-friendly schools. The programme is committed to education reform and the development of a National Plan of Action (NPA) on Education for All. This is to consolidate government policy to ensure universal primary education in view of the alarming trend of increased dropouts and non-attendance of schoolchildren. Special emphasis has been paid to girls' education. The programme has also supported the coordination of donor assistance. In parallel, the community-based Education Management Information System (EMIS) has shown very successful results of community, parent and child participation in school management and activities in pilot communities.

12. To increase access to education, improved hygiene practices in communities have been supported through the provision of school-based standard hygiene promotion materials and improvement of school sanitation facilities in an additional 15 districts covering 200 schools. Children have undertaken their own situation analysis and information dissemination activities for better hygiene practices and community water management through children's forums.

13. In support of social protection policy reform, the development of a national policy on children deprived of familial care has been supported, and a pilot community-based scheme for de-institutionalization has been introduced, in parallel with a national situation analysis of children deprived of parental care.

14. The young people's well-being programme has supported a review of the juvenile justice system and a situation analysis of children in conflict with law, leading to the development of a national policy and guidelines for protecting the rights of children in conflict with law. Another situation analysis on access to education and care services for children with disabilities has been undertaken as a basis for policy development on inclusive education.

15. The adolescent healthy lifestyle project has started to mobilize children and young people through peer education and the dissemination of healthy lifestyle messages aimed at protecting young people from HIV/AIDS and STIs. For more in-depth analysis of the situation, a knowledge, attitude and practice study on HIV/AIDS, STIs and substance abuse among young people has been undertaken. The ongoing mapping of existing youth-friendly services, begun in 2003, aims at defining the training needs for a variety of actors involved in youth-friendly services. In parallel, life skills-based education enhances a school-based reproductive health and healthy lifestyle curricula, expanding teachers' knowledge of child-centred education.

16. An NPA for Children is under preparation as follow-up to the United Nations Special Session on Children, which confirms the Government's commitment to implement the Convention on the Rights of the Child. Children and youth will participate in the development of the NPA to ensure that it reflects their opinions and concerns.

17. Key among developments is the Government's visible commitment to children's issues and work towards achievement of the Millennium Development Goals. The establishment of a National Commission on Child Protection and a number of expert working groups to address serious issues for children is a clear sign of that commitment. Another significant trend is the increased donor interest in Tajikistan. The recent Donor Consultation Meeting in Dushanbe indicated a strong response and support for the Government's development efforts. Those two factors, combined with the increased focus that emerged from the 2002 mid-term review (MTR), clearly demonstrate the need for additional support.

Justification for additional funds

18. The additional other resources will be used to expand the three major programme thrusts (see paragraph 9 above), and will be based on the key strategic priorities that emerged from the MTR process in 2002. The MTR highlighted the need to achieve clear results by end of the country programme in 2004 in the following strategic priority areas:

(a) Social sector reform, with the development of a national policy and guidelines in critical areas where monitoring and implementation of children's rights are not fully observed, such as a national programme for antenatal and perinatal care, the adoption of an international standard of live birth definition, birth registration, an NPA on Education for All and national policy guidelines on children deprived of family care;

(b) The recovery of service delivery capacity of social sector services by upgrading the skills of professionals; the provision of basic service supply support, such as vaccines, essential drugs and educational materials; and support for exchange of experience among professional service providers;

(c) Technical support for implementation of the reform process and innovative initiatives such as training in IMCI, measles outbreak control campaign, community-based EMIS, upgrading water and sanitation facilities in schools, and the development of a social work-oriented child protection mechanism at the local government level aimed at the transformation of children's institutions into community-based childcare centres;

(d) Enhanced knowledge and improved childcare practices at family and community levels through better parenting initiatives; the mobilization of community, children's and young people's participation in school management; hygiene education and water resource management; the promotion of healthy lifestyles, and the protection of children and women against violence and exploitation;

(e) Support for monitoring and evaluation through the provision of technical assistance for key studies and surveys, such as a causal analysis of infant mortality; surveys on the prevalence of micronutrient deficiency disorders, immunization coverage, and monitoring and learning achievement of children; and situation analyses of children deprived of family care, children with disabilities, and children in conflict with law.

Estimated annual expenditure *(In thousands of United States dollars)*	
	2004
Mother and child survival, development and protection	726
Child enrichment	286
Young people's well-being	221
Total	**1 233**